

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name Jackson, Dave				Inspector's Signature				Inspector's ID No. M3003		Report No. 121		Date yy mm dd 2022 08 09		
Railroad/Company Name & Address MONTANA RAIL LINK 2800 Shannon Road Laurel MT 59044						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Mark Turner Title General Mechanical Foreman Email mturner@mtrail.com Signature _____				
						RR/Co. Code MRL		Subdivision SYSTEM						
From: City LAUREL			Codes 0700		Destination City & County				Codes		From Latitude			
State MT			30		City						From Longitude			
County YELLOWSTONE			C111		County						To Latitude			
Mile Post: From To				Inspection Point LAUREL WEST T-3						To Longitude				
Activity Code:	215	224	229D	231	232	232X							CARS	
Units:	78	80	2	80	78	1							78	
Sub Units:	0	0	0	0	0	1							0	

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
1	BNSF	1101	EMF	229	0093	C1			LAUREL WEST T-3	N	N	1	229D

Description
Right side emergency fuel shut off decal faded out to the point it is not fully readable.

Seal Applied		Seal Removed		Hazard Class		UN/NA ID	
Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude:		Longitude:			
Written Notification to FRA of Remedial Action is: <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional		Railroad Action Code		Date(mm/dd/yyyy):		Comments on back?	

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
2	BNSF	1101	EMF	229	0067	A1			LAUREL WEST T-3	N	N	1	229D

Description
R-1 Vertical shock leaking hydraulic oil.

Seal Applied		Seal Removed		Hazard Class		UN/NA ID	
Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude:		Longitude:			
Written Notification to FRA of Remedial Action is: <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional		Railroad Action Code		Date(mm/dd/yyyy):		Comments on back?	

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. M3003	Report No. 121	Report Date 8/9/2022
-----------------------------	-------------------	-------------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3	WFAX	84704	H	215	0301	A1			LAUREL WEST T-3	N	N	1	215

Description
Left side car I.D. faded to the point it is not fully readable (White paint).

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
--------------	--------------	--------------	----------

Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
-----------------------	---	-----------	------------

Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	Date(mm/dd/yyyy):	Comments on back?
--	--	----------------------	-------------------	-------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
4	WFAX	84799	H	215	0301	A1			LAUREL WEST T-3	N	N	1	215

Description
Right side car I.D. faded to the point it is not fully readable (White paint).

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
--------------	--------------	--------------	----------

Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
-----------------------	---	-----------	------------

Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	Date(mm/dd/yyyy):	Comments on back?
--	--	----------------------	-------------------	-------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
5	WFAX	84783	H	232	0103	F3			LAUREL WEST T-3	N	N	1	232

Description
L-4 Brake shoe partly broken.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
--------------	--------------	--------------	----------

Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
-----------------------	---	-----------	------------

Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	Date(mm/dd/yyyy):	Comments on back?
--	--	----------------------	-------------------	-------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
6	WFAX	84751	H						LAUREL WEST T-3	N	N	0	

Description - [** Comment to Railroad/Company **]
L-4 Wheel flange @ AAR limits 15/16 Inch.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
--------------	--------------	--------------	----------

Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
-----------------------	---	-----------	------------

Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	Date(mm/dd/yyyy):	Comments on back?
--	--	----------------------	-------------------	-------------------

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT
(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. M3003	Report No. 121	Report Date 8/9/2022
-----------------------------	-------------------	-------------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
7	WFAX	84769	H						LAUREL WEST T-3	N	N	0	

Description - [** Comment to Railroad/Company **]

Left side RIFD tag damaged.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
--------------	--------------	--------------	----------

Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
-----------------------	---	-----------	------------

Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	<input type="text"/> <input type="text"/> <input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
--	--	----------------------	--	-------------------	----------------------	-------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
8				232					LAUREL WEST T-3	N	N	0	232X

Description - [** Comment to Railroad/Company **]

Inspected one train set for securement of unattended equipment, no exceptions taken.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
--------------	--------------	--------------	----------

Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
-----------------------	---	-----------	------------

Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	<input type="text"/> <input type="text"/> <input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
--	--	----------------------	--	-------------------	----------------------	-------------------